

PTO/SB/22 (10-04)

Approved for use through 07/31/2008. OMB 0851-0031
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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2005 (fees effective on or after October 1, 2004)		Docket Number (Optional) BASF.10006	
Application Number 10/611,979		Filed July 3, 2003	
For Process For Preparing 4-Trifluoromethylsulfinylpyrazole Derivative			
Art Unit 1626		Examiner Golam M. Shameem	

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):

	Fee	Small Entity Fee	
<input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$110	\$55	\$ 110.00
<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$430	\$215	\$ _____
<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$980	\$490	\$ _____
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1530	\$765	\$ _____
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2080	\$1040	\$ _____

☐ Applicant claims small entity status. See 37 CFR 1.27.

☐ A check in the amount of the fee is enclosed.

☐ Payment by credit card. Form PTO-2038 is attached.

☐ The Director has already been authorized to charge fees in this application to a Deposit Account.

☒ The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 50-3218. I have enclosed a duplicate copy of this sheet.

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

I am the ☐ applicant/inventor.

☐ assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).

☐ attorney or agent of record. Registration Number _____

☒ attorney or agent under 37 CFR 1.34.
Registration number if acting under 37 CFR 1.34 32,176

Mary B. Grant _____
Signature

10/21/04 _____
Date

Mary B. Grant, Registration No. 32,176 _____
Typed or printed name

+1.919.829.9600 _____
Telephone Number

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ Total of _____ forms are submitted.

I hereby certify that this correspondence is being sent by facsimile transmission to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 to the following facsimile number:

Facsimile Number: 703 872 9306

Date of Transmission: October 21, 2004[Signature]

Jimmie Speed

PTO/SB/22 (10-04)

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<input type="checkbox"/> attorney or agent of record. Registration Number _____			
<input checked="" type="checkbox"/> attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34 <u>32,176</u>			
<u>Mary B. Grant</u> Signature		<u>10/21/04</u> Date	
<u>Mary B. Grant, Registration No. 32,176</u> Typed or printed name		<u>+1.919.829.9600</u> Telephone Number	
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.			
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Jennie Sneed
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